



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9889

|   |   |                                |   |  |
|---|---|--------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/020,061  | <b>FILING DATE</b><br>10/30/2001<br><b>RULE</b>   | <b>CLASS</b><br>623            | <b>GROUP ART UNIT</b><br>3738   | <b>ATTORNEY DOCKET NO.</b><br>P109 CON 2 |
| <b>APPLICANTS</b><br>Robert Lashinski, Windsor, CA;<br>Bradley Jendersee, Petaluma, CA;<br>Michael D. Boneau, Sunnyvale, CA; <div style="position: absolute; top: 20px; right: 20px;"><i>cls 1, 4, 6, 9 cancelled</i></div>   |   |                                |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 08/326,031 10/19/1994 ABN <i>Brittighan</i>   |   |                                |   |  |
| <b>** FOREIGN APPLICATIONS *****</b> <div style="position: absolute; top: 20px; right: 20px;"><i>does not appear to have corresponding!</i></div>   |   |                                |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/16/2002</b>  |   |                                |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>CA  | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>18                |
| Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT CLAIMS</b><br>4 |   |  |
| <b>ADDRESS</b><br>K. Iain McAusland<br>c/o FISH & NEAVE<br>1251 Avenue of the Americas<br>New York, NY 10020  |   |                                |   |  |
| <b>TITLE</b><br>Method and apparatus to prevent stent migration   |   |                                |   |  |
| <b>FILING FEE RECEIVED</b><br>824   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |